



## CONSULTATION REQUEST

Provider Requested:

- |  |   |  |
|--|---|--|
| <input type="radio"/> First Available        | <input type="radio"/> Jenny Sobera, MD    | <input type="radio"/> Katherine Fening, MD |
| <input type="radio"/> Shelley Winzeler, PA-C | <input type="radio"/> Amanda Lanier, PA-C | <input type="radio"/> Kelly Fordham, PA-C  |

Location:                       Mountain Brook                       Lee Branch                       St. Vincent's/Blount

Appointment Type:             URGENT                       ROUTINE                       FIRST AVAILABLE

**Requesting Physician/Health Care Professional (HCP) Information: PLEASE PRINT CLEARLY**

Date of Consult Request	
Reason for Consult	
Referring Physician/HCP	
NPI number	
Address/Zip Code	
Phone Number	
Fax Number	
Name of Person Completing Form	

**Patient Information: PLEASE PRINT CLEARLY**

Patient Name				
Date of Birth		Patient Email		@
Address/Zip Code				
Cell Number			Alternate Number	
Insurance Company		Contract #		Group #
Secondary Insurance		Contract #		Group #
Primary Card Holder Name				DOB

Please include chart notes and insurance card.

If the patient you are referring has HEALTHSPRING or BCBS (BEG or BGL prefix) or a UHC plan that requires a referral, we MUST also have an Insurance referral in order to schedule patient.

Insurances not accepted: Humana, Medicaid, Tricare Prime, VIVA-UAB (over the age of 18)

Please fax consult form to 205.820.5064

Attention: Consult/Referral Department-Hailey Langston

We will contact and schedule your patient within 48 hours. Provider notes will be sent following specialist visit. If you have any questions, please contact **Hailey at 205.572.4910**. For additional forms or to complete this form online go to [villagedermatology.net/about/physician-referral-form](http://villagedermatology.net/about/physician-referral-form)